



February 3, 2015

SENATE BILL No. 485

DIGEST OF SB 485 (Updated February 2, 2015 12:31 pm - DI 104)

Citations Affected: Noncode.

Synopsis: Psychiatric crisis intervention. Changes the date by which the office of the secretary of family and social services must provide a report concerning comprehensive psychiatric crisis intervention services. Requires the division of mental health and addiction to establish a psychiatric crisis intervention pilot program. Makes an appropriation.

Effective: Upon passage.

Crider, Becker

January 14, 2015, read first time and referred to Committee on Family & Children Services.

February 2, 2015, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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February 3, 2015

First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE BILL No. 485

A BILL FOR AN ACT concerning human services and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. P.L.93-2014, SECTION 1, IS AMENDED TO READ
2 AS FOLLOWS [EFFECTIVE UPON PASSAGE]: SECTION 1. (a) As
3 used in this SECTION, "psychiatric crisis intervention" means services
4 to identify and treat symptoms and conditions of psychiatric
5 emergencies, including attempted suicide, substance dependence,
6 alcohol intoxication, acute depression, presence of delusions, violence,
7 panic attacks, and significant, rapid changes in behavior. The services
8 may include diagnostic assessment, short term treatment, mobilization
9 teams to carry out interventions at patients' residences and other
10 locations, emergency management services to prevent further crisis,
11 inpatient and outpatient psychiatric services, telephone counseling that
12 is provided on a twenty-four (24) hours a day, seven (7) days a week
13 basis, and other related services.
14 (b) Before September 1, ~~2015~~, **2016**, the office of the secretary of
15 family and social services shall provide to the legislative council a
16 report setting forth the following concerning comprehensive psychiatric

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1 crisis intervention services:

2 (1) The services that are available in Indiana for psychiatric crisis
3 intervention in urban and rural areas of Indiana.

4 (2) To what extent the psychiatric crisis intervention services are
5 coordinated and integrated across health care delivery systems.

6 (3) New services that are needed in Indiana for psychiatric crisis
7 intervention.

8 (4) The cost of the needed new services identified under
9 subdivision (3), including any cost offset for current expenditures
10 that would no longer be needed.

11 (5) The roles of private sector providers and the public sector,
12 including local and state government, for services identified under
13 subdivisions (1) through (4).

14 A report to the legislative council under this subsection must be
15 submitted in an electronic format under IC 5-14-6.

16 (c) The report required in subsection (b) must include
17 recommendations to coordinate and integrate the state's response to
18 psychiatric crisis, including an evaluation of the need for or better use
19 of the following:

20 (1) Prevention services.

21 (2) Assertive community treatment.

22 (3) Telephone crisis and triage intervention.

23 (4) Crisis intervention teams.

24 (5) Mobile crisis outreach teams.

25 (6) Urgent care centers.

26 (7) Crisis residential services.

27 (8) Transportation services.

28 (9) Medically monitored detoxification.

29 (10) Hospitalization.

30 (11) Linkage to community based services.

31 **(d) The division of mental health and addiction shall establish**
32 **a psychiatric crisis intervention pilot program in at least three (3)**
33 **locations. The pilot programs must be established in rural and**
34 **urban areas.**

35 **(e) The psychiatric crisis intervention pilot programs**
36 **established under subsection (d) must be selected and evaluated**
37 **based on the psychiatric crisis services identified in subsection (b)**
38 **and policies and procedures determined by the division of mental**
39 **health and addiction. The psychiatric crisis may include services**
40 **listed in subsection (c)(1) through (c)(11) and any other services**
41 **determined by the division of mental health and addiction.**

42 **(f) The division of mental health and addiction shall evaluate the**



1 pilot programs based on criteria determined by the division and
 2 the following:

3 (1) Recidivism.

4 (2) Sustainability.

5 (3) Resources investment.

6 (4) Cost effectiveness.

7 (5) Clinical outcomes.

8 (6) Ability to provide twenty-four (24) hour walk-in crisis
 9 services.

10 (7) Ability to provide mental health and substance use
 11 disorder inpatient services.

12 (g) There is appropriated from the state general fund to the
 13 division of mental health and addiction the following:

14 (1) Five million dollars (\$5,000,000) to implement psychiatric
 15 crisis intervention pilot programs under subsection (d).

16 (2) Seventy-five thousand dollars (\$75,000) to study
 17 comprehensive psychiatric crisis intervention services and
 18 prepare the report required by subsection (b).

19 ~~(d)~~ (h) This SECTION expires December 31, ~~2015~~; 2016.

20 SECTION 2. An emergency is declared for this act.



COMMITTEE REPORT

Madam President: The Senate Committee on Family & Children Services, to which was referred Senate Bill No. 485, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 485 as introduced.)

GROOMS, Chairperson

Committee Vote: Yeas 6, Nays 0

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